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MONTEREY COUNTY LOOKS AT MENTAL HEALTH

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"The purpose of a community mental health program is to reduce the severity of personality disorders through a coordinated community plan which includes: identification of the problem; prevention, including public and professional education; agency consultation and case finding; conduct of outpatient diagnostic and treatment clinics; provision for inpatient services in general hospitals; rehabilitation; program evaluation."¹

In September, 1954, a Division of Preventive Mental Health Service was incorporated in the Monterey County Health Department. The following account describes preliminary planning for the division, development of the program after the establishment of the division, and comments on current and future developments of county services relating to mental health.

PROGRAM PLANNING

As early as 1950 interested citizens in Monterey County were sufficiently motivated by their concern with the need for mental health services to take action in seeking some type of service. Such activity, spearheaded by the Monterey County Chapter of the Mental Health Society culminated in a request to the board of supervisors for the establishment of a child guidance clinic. The board of supervisors, feeling additional information to be necessary, appointed a committee representing various sections of the county. This committee was commissioned to conduct a county-wide study and return with recommendations. The

county superintendent of schools was made chairman of the committee. After several meetings in which little progress seemed forthcoming, the committee requested consultation from the mental health services of the California State Department of Public Health and the Regional Office of the U. S. Public Health Service.

The committee, with the help of the consultants and assistance from the Health Education Division of the Monterey County Health Department, accomplished a study chiefly through the process of meeting with public and private agency personnel, and other groups including the medical society, nursing association, school administrators, school guidance personnel and social workers.

It was demonstrated that the technique of meeting with small groups on their own "home grounds" is an effective process of community organization and interpretation.

The first meeting of the committee was held in Salinas with the administrative staff of the county health department. This provided an opportunity for the committee, administrative staff and consultants to become acquainted and to review the schedule of meetings that had been arranged.

Subsequent meetings, which included the federal and state mental health consultants, were held over a period of some two months. These meetings, in order, were held with the public health and school nurses, the county hospital staff, the county school guidance staff, the probation department staff, the welfare department staff, and the county board of super-

visors. All of these meetings were held in Salinas, the county seat.

The meeting locale was then changed to the Monterey Peninsula. Here the consultants and members of the committee met with an already existing case discussion group, with the board of directors of the Mental Health Society, with public health and school nurses, with administrative and school guidance personnel with members of the county medical society, and with law enforcement staffs of the peninsula cities.

The last county area to be visited was southern Salinas Valley. Meetings were held with representatives from the police, the city council, the medical society, school personnel, clergy, probation department staff and others in the Cities of Gonzales, Soledad and King City.

In addition to the fact-finding meetings so far described, community meetings to report the progress of the committee were arranged from time to time. At these meetings, attended by a number of citizens and members of the board of supervisors, the consultants summarized their impressions and made tentative recommendations.

A number of recognized accomplishments accrued from the technique of small and carefully planned meetings and conferences. Two which stand out following the series of meetings are: (1) an opportunity to learn at first hand from local people about specific problems with which they are concerned and their possible solutions; and (2) an opportunity to interpret in realistic terms what can, and equally important, what cannot,

¹From statement of California Conference of Local Health Officers, November 15-16, 1954.

be accomplished toward solution at the particular time.

As a result of this study, the committee reached certain conclusions:

(1) "That the county was not yet ready for the services of a mental hygiene clinic.

(2) "That medical-social resources were available to the county — more than most counties of comparable size.

(3) "That existing agencies needed to coordinate and upgrade services.

(4) "That there is a dearth of social casework services."

In addition to these conclusions, the specific recommendation was made that, as a beginning, a staff of two social workers and a consulting psychiatrist be employed by the Monterey County Health Department. Objectives of the proposed mental health service were stated as follows:

(1) " * * * (to) serve as a referral group for the existing social and welfare agencies, such as the health department, family service, welfare department, probation department, the various school districts, private physicians, clergy, and others dealing with people who have problems. It is hoped that these agency groups may be helped to upgrade their services through consultation, in-service training and demonstration of case workup possibilities.

(2) "To interpret to parent groups, teachers, social agency groups, and others who deal principally with children, in an effort to develop an educational program which will be preventive in nature.

(3) "To assist in the coordination of programs being carried on by the various social and welfare agencies, and to strengthen inter-relationships with the mental health services program."

The concluding action taken by the committee was that of developing a method of financing the recommended service. This was accomplished through a grant of National Mental Health Act funds, an allocation from the County Superintendent of Schools and an appropriation by the board of supervisors.

PROGRAM DEVELOPMENT

In late 1953, after final approval of the mental health service by the board of supervisors, the Monterey County

Health Department began recruitment for the professional staff.

As the professional staff was employed, an advisory committee was established to assist in program development and to maintain liaison with interested agencies. This committee, which is advisory to the health officer and the supervising social worker, first met in October, 1954, and has since met on a monthly basis. The committee now has representation from the county medical society; the office of the county superintendent of schools; the probation, welfare and health departments; the schools; the county hospital, and the family service agency.

With the help of the advisory committee, certain short-term and long-term planning was accomplished. The immediate plan included an orientation period during which the social workers could get the "feel" of where the county was in its willingness and desire to better meet some of the mental health problems. To do this, the social work staff met with as many agency executives, school administrators, guidance personnel and others as possible. In addition, there were many requests for meetings with service clubs, agency staffs and teachers groups to explain and plan services.

The most important planning related to priorities for service and development of methods for meeting requests for consultation and in-service training.

Specifically the following program guide has been determined:

(1) The program of the Division of Preventive Mental Health Service is aimed at primary and secondary prevention of emotional and social maladjustment. (Primary prevention relates to those measures which would avert the occurrence of illness and secondary prevention relates to the early detection of the symptoms of illness in the hope of halting or retarding the progression of disease into disability or premature death. Ed.)

(2) The processes which may be used are consultation, in-service training, education, community organization, and casework demonstration. Priority is now given to consultation, in-service training and education. Casework as a process is not at the present time being employed.

(3) Services are available on a county-wide basis to all lay and professional persons, groups and public and private organizations which are engaged in service to people, as time of staff permits.

(4) Request for services of the social work staff are accepted upon authorization by the administrator of the agency or department requesting the service.

This program has resulted in an increasing amount of social work staff time being allocated to regularly scheduled sessions with nurses, school staffs, probation staff, welfare staff, V. N. A. staff and others.

CURRENT AND FUTURE DEVELOPMENTS OF COUNTY SERVICES

Although the original interest of the community was directed toward the establishment of a child guidance clinic, education and consultation services were accepted as a step toward providing such services. However, the importance of clinic services was not abandoned, and provision for such facility was placed in 1956-1957 county budget by the board of supervisors. It is now the intent to establish a child guidance center in Monterey County to begin operation as soon as staff can be selected.* This center will offer services on a county-wide basis and will be an additional function of the health department.

Staffing of the center includes the following positions: A psychiatrist, to serve as director; one clinical psychologist; two social workers, and two stenographer-clerks. Plans call for the addition of two more social workers during the second year.

Summary

When considered from a broad standpoint, many events have occurred in Monterey County in the past three years which now affect or will affect mental health planning and programs. Tangible evidence includes a psychiatric wing at the county hospital, already started; the extensive renovation of the juvenile hall; a proposed boys ranch; and the addition of psychological and social work staff in schools, welfare, health and probation departments. The county superintendent of schools has

* A psychiatrist who will serve as director of the child guidance clinic has been employed, effective February 1st.

employed a trained social worker as consultant in attendance, the welfare department has employed several trained social workers in the past 18 months, the probation department has increased its staff by three, and several guidance specialists have been added to various school systems within the county. There are other increases in the "helping services," including additions of private practitioners in psychiatry and psychology.

Less tangible, but perhaps of greater importance is the continued and growing interest of a wide segment of county citizens in health and welfare programs. This includes such activities as a crime study committee, the beginnings of a county-wide health and welfare council, the formation of coordinating councils in three separate communities in the county, preliminary planning for a second family service agency to be located in the Salinas area (one such agency has operated in Monterey for several years), an active mental health society, and a joint school health council which this year among other endeavors sponsored a county-wide conference on school health.

While it can be said that the addition of facilities and staff does not necessarily offer a solution to many of the mental health problems, it does appear that the activity and interest indicates a growing concern with the problems. Out of this concern of many citizens comes the promise of progress in meeting community mental health needs.

S. A. R. C. Institute's News Letter

Publication on alternate months of the Alcoholic Rehabilitation Commission *News Letter* and the *California Alcoholism Review* was announced by the state commission in the first issue of the *News Letter*, dated January, 1957.

California Alcoholism Review, using material supplied by the Alcoholic Treatment Digest of the Yale Center of Alcohol Studies, will be published for the first time in California this month (February). It is intended primarily for physicians, psychiatric social workers and other professional disciplines concerned with the treatment of the alcoholic.

The material prepared by Yale is abstracted from scientific articles, books and other sources, with references appended.

The *News Letter* and *Review* are edited by Vincent E. Vandre, commission information officer. Persons interested in information on alcoholism may be placed on the mailing list by addressing their requests to the Alcoholic Rehabilitation Commission at 2180 Milvia Street, Berkeley.

Health Officer Changes

Amador County

R. Judson Dowell, M.D., has been appointed health officer for Amador County to succeed Herbert M. Hobson, D.O. Amador is one of the State's unorganized counties. The appointment was effective January 1, 1957.

Kings County

The Kings County Board of Supervisors appointed P. K. Edmunds, M.D.; effective January 7, 1957, health officer to succeed Paul L. Murphy, M.D., who had been acting as temporary health officer for the county.

Madera County

John Wesley Bristow, M.D., a Fresno physician, has been appointed health officer for Madera County by the Board of Supervisors. He succeeds Rex Blumhagen, M.D., who recently resigned.

Shasta County

John E. Wolf, M.D., has been appointed health officer of Shasta County Health Department, effective December 24, 1956. He succeeds Rachel Sandrock, M.D.

Stanislaus County

Robert S. Westphal, M.D., formerly health officer of Sonoma County and previous to that of Riverside County, has been appointed health officer of Stanislaus County to succeed Irena A. Heindl, M.D. Dr. Westphal has just returned to this country after serving as Assistant Area Director, Alexandria, Egypt, under a World Health Organization appointment. He will also serve as health officer for the City of Modesto. The appointment was effective January 7, 1957.

City of La Puente

The newly incorporated city of La Puente in Los Angeles County has contracted with the Los Angeles County Health Department, Roy Gilbert, M.D., health officer, for health services.

The first international center for studying animal diseases affecting man was recently dedicated in Azul, Argentina. . . . In recent years, more than 80 zoonotic diseases, including brucellosis and toxoplasmosis, have been detected in the U. S.—*Medical News*, December 17, 1956

AMA Holds Congress on Industrial Health

The 17th annual Congress on Industrial Health will be held at the Biltmore Hotel in Los Angeles, February 4-5-6, 1957. The Congress is sponsored by the Council on Industrial Health of the American Medical Association.

Subjects under discussion during the three-day meeting include: Vision in Industry, Health Hazards of Agricultural Chemicals, New Concepts in the Management of Burns, and New Developments in Hearing Loss Due to Industrial Noise.

The technical discussions and scientific exhibits are open to all physicians, nurses, industrial hygienists, engineers and others interested in occupational health. Many of the scientific exhibits are directly related to the technical discussions.

There is no registration fee.

SPECIAL CENSUS RELEASES

Special Census of California Cities, **Series P-28** *San Joaquin County*: Tracy (941); *Orange County*: Fullerton (942); *Los Angeles County*: San Fernando (946).

Estimates of the Population of States and Selected Outlying Areas of the United States, July 1, 1950 to 1955. *Current Population Reports, Population Estimates*, October 19, 1956, **Series P-25** (145).

Projections of the Labor Force in the United States 1955 to 1975. *Current Population Reports, Labor Force*, October 1956, **Series P-50** (69).

Copies of these releases may be obtained from: Library, Bureau of Foreign and Domestic Commerce, United States Department of Commerce at 419 Customs Building, 555 Battery Street, San Francisco, California, or at Room 450, 1031 South Broadway, Los Angeles, California.

In ordering, specify series and number as shown in parentheses. These numbers are not population figures.

State Appoints Consultants And Committees for 1957

Advisory committees and consultants to serve during 1957 were appointed by the State Board of Health at their December 7th meeting in Berkeley. As in the past the advisory committees and consultants will continue their valuable guidance services to the ongoing program of public health in California.

The Ad Hoc Technical Committee on Reproductive Wastage is new this year. The committee will assist the department in developing a research study on the causes of reproductive wastage; fetal, neonatal and maternal morbidity and mortality. The 1956 Advisory Committee and consultants are as follows:

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Michael J. Hogan, M.D., University of California, School of Medicine, San Francisco;
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 School of Medicine, Los Angeles.

J. Cecil Parker, Ed.D., Professor of Education, University of California, Berkeley.

Hearing and Speech

Victor Goodhill, M.D., Los Angeles;
 Hayes Newby, Ph.D., San Francisco Hearing and Speech Center, San Francisco.

Hematology

David Singman, M.D., Alta Bates Hospital, Berkeley.

Hospital Administration

Mr. Richard Highsmith, Administrator, Samuel Merritt Hospital, Oakland;
 Wm. W. Stadel, M.D., Director, Dept. of Medical Institutions, San Diego County General Hospital, San Diego;
 C. V. Thompson, M.D., Chief of Staff, Lodi Memorial Hospital, Lodi.

Mental Health

Kent Zimmerman, M.D., Children's Hospital of the East Bay, Oakland.

Nutrition

Agnes Fay Morgan, Ph.D., Professor Emerita of Nutrition, Department of Home Economics, University of California, Berkeley.

Parasitology

Herbert G. Johnstone, Ph.D., University of California, School of Medicine, San Francisco.

Psychiatry

Norman Reider, M.D., Chief, Psychiatry Clinic, Mt. Zion Hospital, San Francisco;
 Charles W. Tidd, M.D., Department of Psychiatry, University of California at Los Angeles, Medical School, Los Angeles.

Rehabilitation

Paul Dietrich, President, Crippled Children's Society of Los Angeles County, Los Angeles;
 Andrew Marrin, Chief, Bureau of Vocational Rehabilitation, Division of Special Schools and Services, Department of Education, Sacramento.

School Health

Emil E. Palmquist, M.D., Health Officer, City of Berkeley.

Statistics

William R. Gaffey, Ph.D., School of Public Health, University of California, Berkeley.

Toxicology

Charles Hine, M.D., Ph.D., University of California Medical School, San Francisco.

Tuberculosis

Emil Bogen, M.D., Olive View Sanatorium, Olive View;
 Harold G. Trimble, M.D., Oakland.

Curators of the Unclaimed Dead

NORTHERN CALIFORNIA
 J. B. deC. M. Saunders, F.R.C.S., Dean, School of Medicine, University of California Medical Center, San Francisco.

SOUTHERN CALIFORNIA

Paul R. Patek, Ph.D., Department of Anatomy, University of Southern California.

Veterinary Medicine

Donald Jasper, D.V.M., Dean, School of Veterinary Medicine, University of California, Davis.

Virus Laboratory

Irving J. Gordon, M.D., Professor and Chairman of the Department of Microbiology, University of Southern California, Los Angeles;
 A. F. Rasmussen, M.D., Professor of Virology, University of California at Los Angeles Medical School, Los Angeles.

Public Health Positions

Alameda County

Executive Director of Planned Parenthood League. Salary range, \$475 to \$515. Maximum to be achieved within four years, \$40 a month car allowance. Requires administrative experience in the health and/or welfare field; academic degree, preferably a professional degree, in one of the following fields: public health, public health nursing, social work, health education, education, sociology or psychology. Female, experience of marriage and parenthood desirable. Position open June 1, 1957. Apply Chairman, Personnel Committee, 482 West MacArthur Boulevard, Oakland, California.

Long Beach City

Public Health Nurse: Salary range, \$378 to \$461. Must qualify for California registration and public health nurse certificate. Generalized nursing program. Write I. D. Litwack, M.D., Health Officer, Department of Public Health, 2655 Pine Avenue, Long Beach 6.

Monterey County

Public Health Nurse: Salary range, \$342 to \$423. Generalized program. Applicants must possess current California Certificate as a registered nurse, a valid California Public Health Nursing Certificate and California driver's license. State Retirement System. Apply to M. W. Husband, M.D., Health Officer, 154 West Alisal Street, Salinas.

Santa Barbara County

Sanitarian: Salary range, \$338 to \$412. Newly established position. Applicant must be registered sanitarian. Prefer man with degree in Public Health. Car furnished. Apply J. T. Nardo, M.D., Health Officer, P. O. Box 119, Santa Barbara.

Santa Barbara City

Junior Public Health Nurse: Salary range, \$295 to \$358. Generalized program with some school nursing. Car required. Must be eligible for California registration. For further information write to Josephine E. Baca, Director of Nursing, Santa Barbara City Health Department, 2 De La Guerra Plaza, Santa Barbara.

Health is the thing that makes you feel that now is the best time of the year.—Franklin P. Adams.

Turkey Implicated in Food Poisoning Outbreaks

Two large outbreaks of food poisoning, occurring in a school cafeteria and following a church luncheon, were recently reported to the California State Department of Public Health. The suspected vehicle in both outbreaks was turkey.

The larger outbreak, following a church luncheon in Los Angeles County, involved 166 persons out of a total of 281 attending. Seventy-two persons required hospitalization. Onset of symptoms—nausea followed by vomiting and diarrhea—was explosive, few exceeding six hours.

The sliced turkey when cultured by the laboratory proved to be positive for staphylococcus. Smears taken from an injured finger of one employee and from the nose of three other food handlers and the proprietor were positive for staphylococcus.

The turkeys were cooked, sliced and cooled at room temperature for two and a half hours. While still warm, the sliced turkey was placed in pans and refrigerated. Each pan contained approximately 70 pounds of sliced turkey. Investigators reported that the sliced turkey probably remained at incubating temperature for many hours in the refrigerator.

An outbreak which occurred in a San Diego county school cafeteria, involved 65 of the 250 persons eating the meal, points up the danger of "accumulated build-up" of staphylococcus toxins. The turkey was cooked and cooled for one hour and then placed under refrigeration. The following day it was taken out of the refrigerator and allowed to stand at room temperature for about two hours before being placed in a steam table for serving, where it remained for another hour. It was then cooled at room temperature for an hour before being returned to the refrigerator. The same sequence of events followed the next day.

The accumulated total time the turkey remained at room temperature was approximately eight hours. The investigators reported that the turkey probably remained at incubating temperature for a considerably longer period of time since the refrigeration space in the cafeteria was inadequate and that the refrigerator was opened

Trudeau Society Offers Award for Best Paper

An award of \$150 for the best paper on a clinical, laboratory or epidemiological aspect of any pulmonary disease is being offered by the California Trudeau Society, the medical section of the California Tuberculosis and Health Association. Any resident of California, except employees of the association, is eligible to participate. Manuscripts may have been published or unpublished, but must have been written during the 12 months preceding the March 4, 1957 deadline.

Papers should be submitted in a sealed envelope containing the name and address of the author, but the author's name should not appear on the paper itself as the judging will be done anonymously. Papers should be sent to the Trudeau Society Award Committee, 130 Hayes Street, San Francisco 2.

Anthrax Contracted By Veterinarian

Two cases of anthrax, which occurred in the San Joaquin Valley, were recently reported to the State Department of Public Health. The cases were in a veterinarian and his helper. While laboratory tests on lesions of both men were negative, there was sufficient evidence to substantiate a diagnosis of anthrax. It is believed medication received prior to the tests accounted for the negative results.

Of 311 head of cattle transported by truck to a ranch, four have died. When the first two cows died, anthrax was not suspected. Autopsy specimens from the fourth cow were positive for anthrax.

frequently. At the time of investigation refrigerator temperature was 45 degrees Fahrenheit.

Onset of symptoms consisting of nausea, vomiting, severe abdominal cramps and lowered body temperature was from two to four and a half hours.

Although no food was available for laboratory tests the investigators stated that the probable causative agent was staphylococcus.

Influenza Surveillance Program for 1957 Underway

The California State Department of Public Health is now actively engaged in the influenza and respiratory disease surveillance program for 1957. To date there have been no laboratory confirmed cases of influenza in California, although a moderate amount of respiratory disease from other causes has been reported.

This year's program is patterned after that followed in the past, with emphasis on reporting of respiratory disease outbreaks, epidemiological investigation, and substantiation of diagnosis in the laboratory.

Influenza "listening-posts" have been established by cooperating local health departments, in representative areas in the State. These include Humboldt-Del Norte, Butte, San Francisco, Merced, Monterey and San Diego Counties, and the Cities of Santa Barbara, Los Angeles and Long Beach.

These "listening-posts" collect absentee rates from local schools and industries (which serve as fairly accurate indicators of respiratory disease), as well as cooperate in the state-wide effort to investigate and collect laboratory specimens on suspected cases of influenza. This type of surveillance program will also furnish valuable information regarding the occurrence of respiratory disease other than influenza, and serve as a basis for increasing knowledge of all respiratory diseases.

Information obtained from cooperating local health departments and physicians, from the Viral and Rickettsial Laboratory of the California State Department of Public Health, and from the U. S. Public Health Service will be compiled and published bi-weekly by the Bureau of Acute Communicable Diseases. State personnel will assist local health departments on request in the investigation of outbreaks of respiratory disease.

The information obtained forms a part of the necessary data of the National Influenza program and of the World Health Organization influenza reporting system.

Although there is no sure-fire method for the prevention of personality maladjustment, most people can maintain good mental health. Mental

health depends not on being free of problems but on facing and solving them.—*California Mental Health News*, Nov., 1956

Comparative Data for Cases of Selected Notifiable Diseases

CALIFORNIA, MONTH OF DECEMBER, 1956

Diseases	Cases reported this month			Cumulative cases from January 1		
	1956	1955	1954	1956	1955	1954
Anthrax	—	—	—	2	—	—
Botulism	—	—	—	5	3	6
Brucellosis	6	3	6	36	55	48
Coccidioidomycosis ¹	17	35	5	194	188	76
Diarrhea of newborn	2	5	1	13	36	42
Diphtheria	1	15	9	29	42	39
Encephalitis, acute ²	34	35	28	536	407	656
Gonococcal infections	1,269	1,069	1,423	15,251	14,809	16,179
Hepatitis, infectious	164	149	265	2,003	1,920	2,234
Hepatitis, serum	8	6	3	92	62	51
Leprosy	—	1	1	9	18	13
Leptospirosis	—	—	1	3	4	3
Malaria	2	2	4	51	33	41
Measles	1,350	1,400	1,476	32,741	68,961	60,029
Meningococcal infections	11	27	28	226	259	309
Mumps	1,536	3,239	2,562	34,444	36,950	32,885
Pertussis (whooping cough)	97	132	584	2,103	4,949	4,985
Polio myelitis—total	51	125	166	2,095	2,053	4,496
Psittacosis	4	3	9	43	40	64
Q fever	—	4	NR	54	21	NR
Relapsing fever	—	—	—	—	3	2
Rabies, animal	17	60	8	289	425	83
Rocky Mountain spotted fever	—	1	—	4	5	1
Salmonellosis	91	91	231	1,123	1,049	997
Shigellosis	129	296	127	1,720	1,586	1,088
Streptococcal infections (including scarlet fever)	723	489	757	5,709	7,405	8,391
Syphilis	507 ^a	478	574	9,451 ^b	6,908	6,972
Tetanus	2	2	5	33	34	47
Trachoma	1	—	1	6	9	26
Trichinosis	—	—	2	9	9	36
Tuberculosis	631	595	695	7,173	7,267	7,904
Tularemia	—	3	1	4	7	12
Typhoid fever	2	4	6	101	99	109
Typhus fever, endemic	—	—	—	3	4	3

¹ Since July 1, 1955—Active primary (including cavity) and disseminated coccidioidomycosis reportable.

² Encephalitis, acute, includes arthropod-borne infections, post infectious cases, and those with etiology undetermined.

NR—Not reportable prior to July 1, 1955.

^a Includes 19 cases from special serologic survey (Mexican national farm workers).

^b Includes 3,336 cases from special serologic survey (Mexican national farm workers).

The Public Health Service has established the Psychopharmacology Service Center in the National Institute of Mental Health, Bethesda, Maryland, to assist in the development of sound nationwide research on tranquilizing and other phenotropic drugs used in the treatment of mental illness.—*Public Health Reports*, Vol. 71, No. 11, November, 1956.

One person is permanently disabled from accidents every four minutes in the United States.—*Better Health*, Vol. 15, No. 5, November, December, 1956.

GOODWIN J. KNIGHT, Governor
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State Director of Public Health

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